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SUBJECT: SUDAN - STATUS OF IDP RETURNS TO SOUTHERN SUDAN

REF: Khartoum 1271

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¶1. Summary. In a recent meeting with USAID, the U.N. Mission in Sudan (UNMIS) reported that 1.24 million former internally displaced persons (IDPs) have returned to the Three Areas and Southern Sudan since the signing of the Comprehensive Peace Agreement (CPA) in January 2005. Based on IDP surveys, UNMIS estimates that 1.2 million of the 3.4 million IDPs who are still displaced will not return home and prefer to stay in Khartoum or other areas with economic opportunities, leaving approximately 2.2 million IDPs and refugees in need of returns-related assistance in the coming years. Returnees, humanitarian agencies, and Government of Southern Sudan (GOSS) officials report that the lack of schools throughout Southern Sudan is a primary challenge facing returnees and a major deterrent to future returns. Returnees and government officials also cited inadequate health care facilities as a key concern. Despite strained resources, GOSS officials continue to welcome all returnees, cognizant that the census is approaching. End summary.

RETURNS BY REGION

¶2. USAID partner the International Organization for Migration (IOM) reports that Northern Bahr el Ghazal State has received the greatest number of returnees in 2007, followed by Southern Kordofan State. IOM has tracked more than 42,000 people returning to Northern Bahr el Ghazal in 2007, including spontaneous returnees who traveled without the assistance of the international community. Southern Kordofan has received more than 20,000 returnees and Warrab State has received more than 17,000 returnees.

¶3. When large-scale returns resume in November following the rainy season, Jonglei State and southeastern Central Equatoria State are poised to receive large numbers of returnees. Tens of thousands of Dinka from Bor, Jonglei State, have been living for years in the Nimule, Lobone, and Kajo Keji areas of southeastern Central Equatoria. The continued presence of the Dinka is a source of tension with the Acholi, the original residents of the area. Many Acholi remain in refugee camps in Uganda and are awaiting the departure of the Dinka. IOM is in the process of collecting data regarding numbers of IDPs who intend to return, organized by village. A complicating factor is the large number of Dinka cattle.

As has been done in previous Dinka returns, IOM is suggesting that some Dinka walk the cattle from Central Equatoria to Jonglei with a Sudan People's Liberation Army (SPLA) escort. An additional complicating factor is that some Dinka may refuse to leave, a potential source of conflict in the already volatile area.

SCHOOLS, HEALTH FACILITIES NEEDED

¶4. In August, USAID staff visited Upper Nile, Jonglei, and Central Equatoria states. While these states have not been the top destinations for returnees to date, their issues are representative of all areas of the south. In all three states, local officials and returnees sent a clear message that the lack of educational facilities in Southern Sudan is a deterrent to returns. The case of Jonglei State is illustrative of the challenges facing Southern Sudan. Only three secondary schools serve the state's population of 800,000, which is expected to top 1 million by the end of 2007. While dozens of primary schools exist, many are in poor condition, with classes held under trees. By contrast, in Khartoum and in refugee camps in neighboring countries, displaced persons have access to primary and secondary schools. A representative of the Office of the U.N. High Commissioner for Refugees (UNHCR) conceded that access to education in places of displacement may act as a deterrent to returns and that the organization has debated whether to reduce camp educational services.

¶5. Although the number of health facilities is disputed -- the U.N. World Health Organization estimates between 700 and 800, while GOSS officials estimate more than 1,000 -- it is clear that the current health infrastructure is insufficient. In Jonglei State, only two hospitals are functioning. Even in areas where smaller health centers or units exist, drug availability remains problematic. The GOSS Ministry of Health (MOH) has not shipped drugs to the states since May 2006. U.N. officials report that GOSS warehouses in Juba are overflowing with drugs, but the GOSS lacks funding for

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transport. In response to this void, entrepreneurs are opening "pharmacies" in town markets and importing drugs themselves, but often these businessmen are not medically trained professionals. Due to concerns over the spread of illness during the rainy season, the U.N. plans to help the GOSS transport drugs to some areas, but a longer-term procurement and delivery system is needed.

¶6. Government officials indicated that the lack of other basic services should not be a deterrent for returns, stating that communities would welcome back their kin with open arms and be willing to share scarce food and supplies. All returnees interviewed reported that they were glad to have returned home despite the difficulties. "Home is home, even if it's bad," said one returnee.

USAID SUPPORT FOR IDP RETURNS

¶7. In FY 2007, the USAID Office of U.S. Foreign Disaster Assistance (USAID/OFDA) is providing USD 3.5 million to IOM for IDP returns, reintegration projects, and capacity building to improve the ability of the Southern Sudan Relief and Rehabilitation Commission (SSRRC) to monitor spontaneous returns and plans to provide an additional USD 1 million of support. USAID is particularly focused on the movement of IDPs through two corridors. As reported reftel, to move returnees from Khartoum to Equatoria, USAID/OFDA is encouraging the use of road transport from Khartoum to Bentiu, then river transport from Bentiu to Juba. USAID is also supporting the movement of as many as 7,500 Dinka from the Lobone, Nimule, and Kajo Keji areas. Through IOM, USAID has supported the establishment of a GOSS Joint Operations Center in Juba to collect returns tracking information from the states.

¶8. USAID/OFDA supports more than 260 health facilities in the south and is working to transition these emergency activities to longer-term development partners. USAID is also funding water,

sanitation, and hygiene services in areas of high return and providing seeds and tools to returnees.
FERNANDEZ